

<p style="text-align: center;"><b>UTILITY PATENT APPLICATION TRANSMITTAL</b></p> <p>(Only for new non-provisional applications under 37 CFR 153(b))</p>		PTO/SB/05
		<b>Attorney Docket Number:</b> TRLG002-US0
		<b>First Named Inventor or Application Identifier:</b> <b>BEAKLEY, BRUCE</b>
		<b>Title:</b> Linear Motor Glide Assembly
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>Express Mail Label No.:</b> EU 230 905 513 US
		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

17399 U.S. PTO  
 10/600735



**ACCOMPANYING APPLICATION PARTS**


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|--|---|
| 1. <input type="checkbox"/> <u>XX</u> Fee Transmittal Form (submitted in duplicate)<br>2. <input type="checkbox"/> <u>XX</u> Applicant Claims Small Entity Status<br>3. <input type="checkbox"/> <u>XX</u> Specification: Total Pages: 20<br>4. <input type="checkbox"/> <u>XX</u> Drawing(s)(35 U.S.C. 113): Total Sheets: 11<br>5. <input type="checkbox"/> Oath or Declaration: Total pages: _____<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)<br>i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u> . Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. 37 CFR 1.76<br>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | 8. <input type="checkbox"/> Assignment papers (cover sheet & document(s))<br>9. <input type="checkbox"/> CFR 3.73(b) Statement (when there is an assignee)<br><input type="checkbox"/> Power of Attorney<br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure Statement. (IDS)/PTO-1449.<br><input type="checkbox"/> Copies of IDS citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input type="checkbox"/> <u>XX</u> Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed.)<br>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.<br>16. <input type="checkbox"/> Credit Card Authorization for Payment |
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**17. If a Continuing Application:** (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part    of prior application No. \_\_\_\_\_  
 Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit \_\_\_\_\_

For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation **can only** be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Correspondence Address:  <input type="checkbox"/> Customer Number or Bar Code Label:	<input type="checkbox"/> Correspondence Address: Patrick Stellitano 2803 Inridge Dr. Austin, TX 78745 Telephone: 512/ 899-8038    Facsimile: 512/899-9874
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 Patrick Stellitano, Reg. No. 42,169

20 JUNE 2003  
 Date

06/20/03  
13142 U.S. PTO

<b><u>Fee Transmittal</u></b> (Submit in Duplicate)	<b>Application Title:</b> Linear Motor Glide Assembly
	<b>First Named Inventor:</b> Bruce Beakley
<b><u>Total Amount of Payment:</u></b> \$375	<b>Attorney Docket No:</b> TRLG002-US0

**Method of Payment**

1. Deposit Account Authorization

- a. xxx The Commissioner is hereby authorized to charge any deficiencies and credit any overpayments to:
- i. Deposit Account Number: 501635
  - ii. Deposit Account Name: Patrick Stellitano
- b. xxx The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. xxx Applicant Claims Small Entity Status.

2. Payment Enclosed

- a. xxx Check
- b.      Credit Card
- c.      Money Order
- d.      Other

**Fee Calculation**

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$375	<u>        </u> x \$42 = <u>        </u>	<u>        </u> x \$9 = <u>        </u>	<u>        </u> x \$140 = <u>        </u>	\$375
Other	\$750	<u>        </u> x \$84 = <u>        </u>	<u>        </u> x \$18 = <u>        </u>	<u>        </u> x \$280 = <u>        </u>	

xxx Total Filing Fee: \$375         

     Assignment Recording Fee \$         

     Other Fee Payment \$         



Patrick Stellitano, Reg. No. 42,169